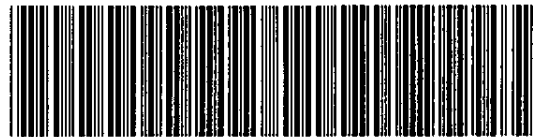


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08/01/11--01018--005 \*\*35.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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*Robert*  
*DC*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GWA BUSINESS SOLUTIONS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000046147

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAIL M WILSON  
(Name of Person)

GWA BUSINESS SOLUTIONS  
(Name of Firm/Company)

27 ROBERT GRAY RD.  
(Address)

STOUFFVILLE ON CANADA L4A 1H5  
(City/State and Zip Code)

For further information concerning this matter, please call:

GAIL WILSON at (416) 410-4245  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

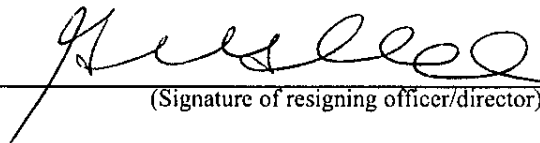
**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, GAIL M WILSON, hereby resign as OFFICER - President  
(Title)

of GWA BUSINESS SOLUTIONS INC.  
(Name of Corporation)

\_\_\_\_\_, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

  
(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314